

Bureau of Health Care Quality & Compliance

*POC accepted
3/24/09*

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN669HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/19/2009
NAME OF PROVIDER OR SUPPLIER RENOWN REGIONAL MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1155 MILL STREET RENO, NV 89502		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments This Statement of Deficiencies was generated as a result of a State Licensure complaint survey conducted in your facility on 1/15/09 and finalized on 2/19/09. The survey was conducted using the authority of NAC 449, Hospitals. Complaint #NV00020310. Substantiated see Tag S298. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.	S 000	1. Develop tool to audit process for education and documentation of Patient care related to skin assessment and ADL's. a. Tool completed March 6, 2009 b. Tool reviewed by CNO and Manager March 16, 2009. c. See attached tool Attachment #1 2. Staff will conduct chart audits on <u>10 charts weekly (current process already in place)</u> and turn in data to Quality department each week. <u>Due Date:</u> Start on March 16, 2009 <u>Responsible person:</u> Sierra 4 th floor Nurse Manager 3. Audits will be 100%. <u>Responsible person:</u> Sierra 4 th floor Nurse Manager. 4. Continue 100% documentation on rounding logs for each patient. (see attached log; Attachment #2). These will be sent in to Quality Department on a weekly basis along with chart audits. 5. Continue to collect data for National Database for Nursing Quality Indicators (NDNQI). Currently provided to Quality on a weekly basis. 6. Continue weekly skin rounds, provide data to Quality each week.	
S 298	NAC 449.361 Nursing Service 9. A hospital shall ensure that its patients receive proper treatment and care provided by its nursing services in accordance with nationally recognized standards of practice and physicians' orders. This Regulation is not met as evidenced by: Based on record review and interview the facility failed to follow recognized standards of practice to prevent skin breakdown for 1 of 4 surgical patients. (#1) Findings include: Patient #1 was admitted to the facility on 11/18/08 for bilateral total knee arthroplasties. Surgery was uneventful and he was admitted to the orthopedic unit.	S 298		

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CARSON CITY, NEVADA

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Ronald Layton, R.N. CCO. 3/16/09* TITLE (X6) DATE
STATE FORM 6899 7KHW11 If continuation sheet 1 of 5

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S 298	<p>Continued From page 1</p> <p>Review of the Doctor's Orders on 11/21/08 revealed Patient #1 had rate related ischemia secondary to sinus tachycardia and was transferred to the Telemetry Unit for evaluation and treatment.</p> <p>A telephone interview was conducted on 1/14/09 with Patient #1. He stated he was back at home and doing well. He stated "some nurses were much better than others and on the telemetry unit no one came in and emptied my urinal. It just sat there on my bedside table until I said something." He said he never received assistance with bathing and it took a "long time to get help when I put on my call light." He said he could use the trapeze to shift positions but it was difficult to move much with both legs in immobilizers. Patient #1 stated "as far as I remember no one ever came in and actually turned me off of my backside or told me I needed to stay off of my backside." He stated he was unable to turn himself off of his back on his own.</p> <p>Review of the nurse's notes dated 11/18/08, revealed a trapeze was applied to Patient #1's bed for independent movement by an orthopedic technician. Documentation did not reveal that teaching or instruction was given to the patient on proper trapeze use.</p> <p>Review of the Treatment Record under AM (morning) Care/HS (bedtime) Care revealed Patient #1 performed care independently. Review of the Turning Record revealed: patient was "encouraged" or "performed by self." No documentation was identified showing the patient was turned or repositioned with the assistance of the nursing staff or showed that he was able to position himself off of his backside.</p>	S 298			

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S 298	<p>Continued From page 2</p> <p>The Rehabilitation Consultation note dated 11/30/08 by a medical doctor, revealed Patient #1 required "significant assistance with activities of daily living (ADL's) and with functional and mobility issues." Inpatient aggressive rehabilitation was recommended.</p> <p>The Occupational Therapist Evaluation Record, under the section titled Activities of Daily Living (ADL) Evaluation revealed, "bathing N/T" meaning "not taught." Patient #1 confirmed that no one came in and instructed him or assisted him with bathing.</p> <p>A telephone interview was conducted with Patient #1's wife on 1/16/08 at 2:30 PM. She stated "the nursing care was poor, the urinal sat on the tray and never got emptied, and he never got a shower. He got a bedsore on his buttocks that was really bad because no one ever came in to help him with anything." When asked if he was ever turned off of his back side, she stated "no, it was hard to get anybody to help with anything."</p> <p>On 2/19/09 at 10:00 AM, an interview was conducted with Registered Nurse (RN) #2 and RN #3. The two nurses were asked specifically if they went in and turned the patient on his side themselves or provided any education on the importance of relieving pressure to prevent skin breakdown. They both stated "no" not personally that they remembered. They stated the "Treatment Record" was the only place to document turning and assistance with personal care needs for patients. RN #3 stated that Patient #1 was a large man who took up most of the bed and that she did not see how he could get all of the way off of his back by himself.</p> <p>The Patient Transfer Record dated 11/24/08,</p>	S 298			

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S 298	<p>Continued From page 3</p> <p>under nursing assessment revealed a "small area on coccyx." Patient #1 was transferred to a rehabilitation hospital.</p> <p>On 1/21/09 a record review and interview was conducted at the rehabilitation hospital. The Initial Nurse's Assessment dated 11/24/08, at 4:00 PM revealed, "wound partial thickness on coccyx." This was supported by pictures taken upon arrival and was documented as a Stage Two pressure ulcer. Patient #1's pain level was documented as a 4 out of 10 on arrival.</p> <p>An interview was conducted on 1/21/09 with a registered nurse who stated the wound should have been documented as unstageable because of the eschar and redness surrounding the wound.</p> <p>According to The Lippincott Manual of Nursing Practice, Sixth Edition, "pressure sores (decubitus ulcers) are localized ulcerations of the skin or deeper structures. They most commonly result from prolonged periods of bedrest in acute or long-term facilities.</p> <p>A. Factors in the development of pressure sores:</p> <ol style="list-style-type: none"> 1. Pressure of 70 MM HG applied for longer than 2 hours can produce tissue destruction; healing cannot occur without relieving the pressure. 2. Friction contributes to pressure sore development by causing abrasion of the stratum conreum. 3. Shearing force, produced by sliding of adjacent surfaces, is particularly important in the partial sitting position. This force ruptures 	S 298		

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S 298	Continued From page 4 capillaries over the sacrum. 4. Moisture on the skin results in maceration of the epithelium." The manual included the following interventions to prevent pressure ulcer development: washing and inspecting the skin, teaching the importance of positioning, and avoidance of pressure, shearing, friction and moisture, avoiding elevation of head of bed greater then 30 degrees, repositioning every two hours and advising frequent shifting of weight. Severity: 3 Scope: 1	S 298			

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